

T

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030397

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 100

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

16001

260012

3

4 0

5 2

6

7 0

8 2

94201

10

11

12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY OR TOWN <u>Excelsior Springs</u> d. STREET ADDRESS (If outside, give location) <u>114 1/2 South St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Dewitt</u> Middle <u>Thompson</u> Last <u>Thompson</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-8-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manual labor</u>	11. BIRTHPLACE (City and state or country) <u>Elmira, Mo.</u>
13a. FATHER'S NAME <u>Michael Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah (unknown)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Helen Wilson, RFD, Orrick, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Guley Thompson</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis;</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sev. weeks</u> <u>sev. mos.</u> <u>sev. mos.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>4:30</u> a.m. <u>p.m.</u> Month, Day, Year <u>July 16, 1962</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>July 16, 1962</u> to <u>Sept. 5, 1962</u> and last saw him/her on <u>Sept. 5, 1962</u> Death occurred at <u>4:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>[Signature]</u> M. D. 22b. ADDRESS <u>Excelsior Springs, Mo.</u>	
22c. DATE SIGNED <u>9/7/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>9-8-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Union</u>	
23d. LOCATION (City, town, or county) <u>Rural, Lawson, Mo.</u>		24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u> <u>Excelsior Springs, Missouri</u>	
25. DATE RECD. BY LOCAL REG. <u>9-8-62</u>		26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ernest Jarman*

Licensed Embalmer No.

*4589*

P. O. Address

*Emulsion Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Funeral permit received 9/8/62 - B.H.*